

**USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.**

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

## PLAINTIFF

Caleb L. McGilvary

## CASE No

3:22-cv-07702-RFL

## DEFENDANT

Dan Hagan

## TYPE OF PROCESS

\*\*\*See below\*\*\*

## SERVE AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Dan Hagan

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

9130 Vineland Ct., Apt. B, Boca Raton, FL 33496

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Caleb L. McGilvary- #1222665

New Jersey State Prison

SBI #102317G

PO Box 861

Trenton, NJ 08625

Number of process to be served with this Form 28

3

Number of parties to be served in this case

1

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE: (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

MAR -7 2025

\*\*\*Summons, Amended Complaint, Docket No. 36 CLERK, U.S. DISTRICT COURT  
NORTH DISTRICT OF CALIFORNIA

Signature of Attorney, other Originator requesting service on behalf of



Manoj D. Puri  
Capt. No. 1

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

510-637-3535

DATE

February 6, 2025

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

3

District of Origin

11

No

District to Serve

4

No

Signature of Authorized USMS Deputy or Clerk

*[Signature]*

Date

2/9/25

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

3/4/25

Time

1500

☐ am  
☒ pm

Signature of U.S. Marshal or Deputy

*[Signature]* #2729 DUSM Chaves

Service Fee

Total Mileage Charges including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Retainer)

\$0.00

REMARKS: DUSM Chaves spoke with Patty Cox, grandmother of Dan Hagan. Mrs. Cox stated that Mr. Hagan has not resided at the address provided above for approximately 10 yrs. Mrs. Cox did state, that Mr. Hagan might be residing with his mother Kelle da Rosa

in California. PRIOR EDITIONS MAY BE USED

## PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\* To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

Form USM-285  
Rev 12/15/80  
Automated 01/00

RETURN UNFILED